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## \*BIBDATASHEET\*

CONFIRMATION NO. 6045

Bib Data Sheet

SERIAL NUMBER 10/659,782	FILING DATE 09/11/2003  RULE	CLASS 435	GROUP ART UNIT 1636	ATTORNEY DOCKET NO. 28238
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *JP* \*\*\*\*\*  
 NONE

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *JP* \*\*\*\*\*  
 NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 12/24/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NJ	SHEETS DRAWING 17	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 8
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Verified and Acknowledged *JP*  
 Examiner's Signature \_\_\_\_\_ Initials \_\_\_\_\_

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TITLE  
 Compositions, reagents and kits for and methods of diagnosing, monitoring and treating obesity and/or diabetes

FILING FEE  RECEIVED 673	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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